

Gaps remain in Russia's response to HIV/AIDS

Russia has drafted its first national HIV/AIDS policy in a decade, but it falls far short of what is needed to curb the country's growing epidemic, say experts. Fiona Clark reports from Moscow.

Russia reached its 1 millionth case of HIV in January, 2016. The head of Russia's Federal AIDS Centre, Vadim Pokrovsky, says he expects a further 100 000 to be added to the list by the end of this year. If action isn't taken to curb the current annual growth rate of 10–12%, he predicts that there will be 2 million people diagnosed as HIV positive by 2020.

Pokrovsky is very certain about what his country is facing—it's an epidemic. The Russian Government isn't quite so emphatic, with the health minister's adviser, Lyalya Gabbasova, engaging in a game of semantics. "In general, it can be hard to call the epidemiological situation. We still do not call it an epidemic, but the situation is very similar", she said in a recent interview with the newspaper *Kommersant*.

No matter what label is attached to it, UNAIDS regional director for eastern Europe and central Asia, Vinay Saldanha, says that "it's difficult for the government to argue against its own statistics". The state has collected extensive epidemiological data on HIV/AIDS since 1987 "so they aren't abstract numbers any more—these are growing numbers of individual people registered in a central database, which has also recorded the deaths of more than 215 000 people diagnosed with HIV. This is no longer a low-level epidemic of small numbers, it's large, growing, and it can't be ignored."

New policy

And it seems that the government has taken notice. Last October, the Prime Minister Dmitry Medvedev asked the health ministry to draw up a national policy. It produced a draft earlier this year, which seems to be the final version. This is the first official policy to be drawn up since the 2002–06 strategy and its stated aim

is to reduce HIV transmission rates by focusing on prevention programmes and decrease the AIDS mortality rate. Last year alone, there were more than 15 000 AIDS-related deaths and a further 13 000 HIV-positive people died from other diseases, the leading causes being tuberculosis and hepatitis C.

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Saldanha welcomes the policy saying that it's an "urgent and sincere" step in the right direction, but he acknowledges it has some significant shortcomings. "The draft falls short of implementing the new WHO treatment guidelines, which calls for the immediate provision of HIV treatment for everyone that is diagnosed with HIV. It is also unclear on how Russia will close the tap of new HIV infections."

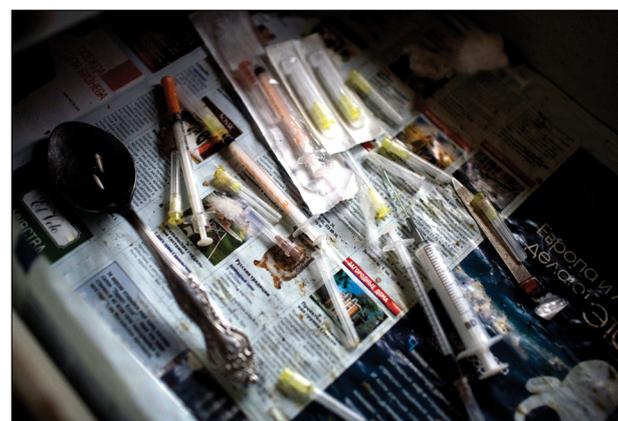
In recent months, Russia has supported the Political Declaration made at a UN High Level Meeting on AIDS, which calls for countries to achieve the 90:90:90 UNAIDS target by 2020. The target involves diagnosing 90% of all possible HIV-positive people, ensuring that 90% of them are on antiretroviral therapy, and that 90% of this cohort achieves an undetectable HIV viral load—all by 2020. But Russia has set a target of 60:60:60 and, according to Pokrovsky, that won't do. "In my opinion the draft strategy for the fight against HIV...does not contain anything new compared to what is already being done in Russia, so it is unlikely the situation will improve." He says the policy is taking what's known as a "test and treat approach. However, the ratio of 60:60:60 is not

enough to reduce HIV transmission, so this approach is unlikely to significantly affect the course of the epidemic."

Vulnerable groups

Pokrovsky adds that the government's budget of 21 billion roubles (US\$325 million) is about a fifth of what's required to address the problem and says the most vulnerable groups in whom the transmission rates are the highest have been largely overlooked. He explains that "most cases (55%) are spread through intravenous drug use, and more than 20% of injecting drug users (IDUs) are infected with HIV in Russia. They have heterosexual partners, so a significant portion of new infections (43%) is associated with heterosexual sex. Among them, there are many sex workers who use drugs, so they are subject to a double risk of infection...It is logical that the penetration of HIV into the general population will be difficult to avoid if you do not create special prevention programmes in these vulnerable groups."

The policy talks about education programmes for university students and working with trade unions and employer groups to encourage voluntary testing of people at



Lucena Ross/Panos

work, but there is no mention of programmes specifically for vulnerable groups. Instead, it talks about cooperation with non-governmental organisations (NGOs) who work with vulnerable groups, but it fails to outline exactly what they should be doing.

Aleksey Lakhov, the spokesperson for EVA, an NGO that advocates for HIV-positive women, welcomes the draft but says that “all the NGOs we know of have criticised it. It was like a blueprint for dealing with HIV but not a complete plan for lowering rates in vulnerable groups. The section on vulnerable groups is incomplete.”

Anya Sarang, president of the Andrey Rylkov Foundation, which works with IDUs, says her group put in a submission, including recommendations to the policy’s working group, but received no reply.

“We’ve heard nothing but we’ve heard that there’s been no response to other NGOs either from the government working group. Nothing has happened. There is no roadmap”, she says. “The main thing is that there is always a problem with prevention programmes. They talk every year about the increasing incidence and the increase in mortality rates but there is no prevention work at all. The only real work is in vertical transmission or random grants for testing and counselling programmes. But there is no prevention for the key affected populations.”

Vertical transmission is one area where Russia can hold its head up high. This year the government announced it has achieved a 98% success rate in stopping mother-to-child transmission, which is no mean feat. It’s also done relatively well in getting people tested. The policy states that, in 2014, 28 million people were tested.

Instead of providing education on safe drug use or condoms and clean needles, the policy talks about the promotion of family and moral values, the rejection of “risky behaviour”, and avoiding the “evils of bad habits”. Sarang says that “it’s quite normal for Russian official documents to

refer to the Bible, family, or morality. Over the past few years it’s become quite common” as the influence of the church and conservative groups has grown. “The church is good at encouraging testing and decreasing stigma. If it can concentrate on these things that would be good rather than pushing the moral case”, Saldanha says.

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Harm reduction

Another area of disappointment is the strategy’s failure to embrace needle exchange programmes and opioid substitution therapy (OST). According to Saldanha, even though the federal government does not support the supply of clean needles to IDUs, “local governments in various Russian regions support needle exchange programmes. But when it comes to OST, Russia has dug its heels in, despite overwhelming global scientific evidence that it is effective in preventing HIV transmission among drug users and helping drug users with HIV to adhere to HIV treatment.”

Lakhov says the preferred term in Russia is “low threshold programmes”, but no matter what name you give them, they don’t fit with the Russian approach, as Gabbasova explained to *Kommersant*. “You know, what we associate with is the concept of morality: a responsible attitude towards health, the priority of family values—first and foremost aimed at individuals and non-high-risk groups of the population. It is a promise to our young generation that we can protect them from risky behaviours... The Russian Federation...offers a chance for drug users to opt for a voluntary renunciation of their drug habits. It should be noted that the distribution of syringes, needles, and drugs is a component of programmes of ‘harm reduction’...The Russian Federation is not a supporter of this programme. We cannot carry out any half-measures in respect of our

position...and distribute syringes and needles. For drug users, who want to be treated for HIV infection and drug dependence, it is necessary to create conditions for overcoming addiction.”

This doesn’t bode well, according to Pokrovsky. “It’s pretty hard to believe that all people are willing and able to avoid risky behaviour—that is, to refuse extramarital sex or stop using drugs—so, while the Ministry of Health continues with these recommendations, HIV transmission continues.”

Sarang says that there are complications associated with the government’s approach. Without an OST programme, many of those with HIV who also have comorbidities, such as tuberculosis, fail to get treated as it requires a lengthy stay in hospital where they are given no OST and as such they discharge themselves or get discharged for disciplinary reasons, she notes. She cites one study involving 13 hospitals in which three showed a 100% failure rate in treating tuberculosis in IDUs.

Some groups argue that OST is not necessary in Russia as most people are not injecting opioid drugs, but Sarang disagrees, and a look at a map shows the regions where the rates are the highest are along the known opium drug trafficking routes from central Asia and Afghanistan to Europe. “The argument doesn’t hold water since the Russian population of opioid users, according to various estimates, is between 1.5–3 million”, Pokrovsky adds.

But getting legislators to back funding for needles exchange programmes won’t be easy in the current environment where even condom use is being challenged. In May, the Kremlin-based Russian Institute for Strategic Research claimed HIV/AIDS rates are being used in a propaganda war against Russia and that condoms are part of an evil conspiracy aimed at “encouraging under-aged people to engage in sex”, instead of saving themselves for marriage.

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